

The New Chesapeake Men for Progress Education
Foundation, Inc.
Membership Application

INSTRUCTIONS: *Please provide the information requested so that we may accurately register you as a member, publish and distribute a membership directory. The completed form, which should be typed or legibly printed, should be returned directly to the Secretary.*

Date of Application: _____

Membership Classification:

Individual: (Residents of The City of Chesapeake): ____

Associate: (Residents of Virginia Beach, Portsmouth, Norfolk, Suffolk): -----

Membership Dues: ____

Name: _____
Last Name First Name Middle

Courtesy Title _____ Position Title/Occupation _____

Complete Home Address: _____

Complete Business Address _____

Home Telephone Number: _____ Office Telephone Number: _____

Date of Birth: _____ Place of Birth: _____

E-Mail: _____ Pager: _____ Cellular Phone: _____

Spouse Name: _____
Last Name First Maiden/Middle

Date of Your Anniversary: _____

Education, Honors, and Awards:

